

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER Hattie Ide Chaffee Home		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Wampanoag Trail East Providence, RI 02915	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to physician's orders for 2 of 3 residents observed, Resident ID #s 42 and 361.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe that the orders are in error or would harm the clients.</p> <p>1. Record review revealed Resident ID #42 was admitted to the facility in November of 2024 with diagnoses including, but not limited to, chronic peripheral venous insufficiency (a condition where the veins in the legs are unable to effectively return blood to the heart, leading to blood pooling in the legs) and localized bilateral lower extremity edema (swelling in both legs).</p> <p>Review of a physician's order dated 2/22/2025 revealed to off load the resident's heels when in bed, every shift.</p> <p>During surveyor observations on 6/18/2025 at 10:00 AM and on 6/20/2025 at 10:05 AM, the resident was observed in bed with his/her heels lying directly on a pillow, instead of being off loaded, as ordered.</p> <p>During a surveyor interview on 6/20/2025 at 12:45 PM with the Director of Nursing Services (DNS), she indicated that she would expect the resident's heels to be off loaded as ordered and not resting directly on a pillow, as observed.</p> <p>2. Record review revealed Resident ID #361 was admitted to the facility in June of 2025 with a diagnosis including, but not limited to, cellulitis (a bacterial skin infection) of the right lower extremity.</p> <p>Review of a physician's order dated 6/10/2025 revealed to cleanse the right lower extremity wound with Vashe (a wound cleansing solution), apply Santyl (an ointment used to remove damage tissue from a chronic wound), and cover the wound with a gauze and kerlix wrap (a woven gauze bandage) once a day.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a nursing progress note dated 6/17/2025 at 11:05 AM authored by Registered Nurse (RN), Staff A, states in part, .Unable to discern color or consistency d/t [due to] drainage being absorbed by hydrofera blue [a brand of antibacterial foam wound dressing] dressing. Wound cleansed .nickel thick santyl, hydrofera blue and gauze .</p> <p>Record review failed to reveal evidence of a physician's order for hydrofera blue to be applied to the resident's right lower extremity.</p> <p>During a surveyor observation on 6/18/2025 at 9:18 AM during a wound dressing change to the resident's right lower extremity in the presence of Registered Nurses, Staff A and B, Staff A cleansed the wound and proceeded to apply the hydrofera blue when she was stopped by the resident from applying the hydrofera blue treatment to the wound.</p> <p>During a surveyor interview on 6/18/2025 at 9:37 AM with Staff B, she acknowledged that the resident did not have a physician's order in place for the hydrofera blue treatment.</p> <p>During surveyor interviews on 6/20/2025 at 11:33 AM and at 12:45 PM with the DNS, she indicated that she would expect the staff to review the physician's order before performing the dressing change to ensure accuracy and she was unable to provide evidence the physician's order was followed. Additionally, the DNS indicated that she would expect Resident ID #42's heels to be off loaded, as ordered, and not resting directly on a pillow, as observed.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 3 residents reviewed with an indwelling catheter (a flexible tube that collects urine from the bladder and leads to a drainage bag), Resident ID # 47.</p> <p>Findings are as follows:</p> <p>Review of Lippincott Nursing Procedures Manual, Ninth Edition, last revised in 2023, states in part, .urge the patient to keep the drainage bag lower than the bladder at all times, because urine in the bag is a perfect growth medium for bacteria. Caution the patient also not to go to bed or take long naps while wearing the leg bag .</p> <p>Record review revealed that the resident was admitted to the facility in May of 2023 with diagnoses including, but not limited to, hemiplegia (paralysis, or the inability to move, on one side of the body), hemiparesis (one side muscle weakness), and retention of urine.</p> <p>Record review revealed a physician's order dated 5/20/2025 for an indwelling catheter.</p> <p>Review of a care plan initiated on 5/12/2025 revealed to position the drainage bag below the pubis (the bone that forms the lower and front part of each side of the hip bone).</p> <p>During surveyor observations on 6/17/2025 at 12:33 PM, 12:50 PM and 3:11 PM, the resident was observed resting in bed and the drainage bag was not visible.</p> <p>During a surveyor interview on 6/17/2025 at 3:48 PM with Nursing Assistant, Staff C, the surveyor inquired about the location of drainage bag. Staff C responded that the bag was under the covers. Upon Staff C pulling back the covers, it was observed that the drainage bag was attached to the resident's leg, the bag was lying perpendicular and was not positioned below the level of the bladder.</p> <p>During a surveyor observation on 6/17/2025 at 4:20 PM in the presence of Registered Nurse (RN), Staff D, she acknowledged the bag was not below of the baldder, as required.</p> <p>During a surveyor interview on 6/20/2025 at 11:08 AM with the Director of Nursing Services, she revealed that she would expect the drainage bag to be placed below the bladder, as required.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety relative to the main kitchen and two of two kitchenettes.</p> <p>Findings are as follows:</p> <p>1. Record review of the State Operations Manual Appendix PP-Guidance to Surveyors for Long term care Facilities states in part, chemical products and supplies, must be clearly marked .</p> <p>Record review of the Occupational Safety and Health Administration Standard 1910.1200 (f)(1) states in part, .ensure that each container of hazardous chemicals .required to label, tag or mark the following .product identifier, signal word (danger or warning), a statement that the full label information for the chemical is provided on the immediate outside package .</p> <p>During a surveyor observation on 6/16/2025 at approximately 8:45 AM of the main kitchen, a spray bottle filled with a pink colored liquid with the words sanitizing solution was handwritten in black magic marker.</p> <p>During a surveyor interview immediately following the observation with the Food Service Director (FSD), he acknowledged the container was inappropriately labeled.</p> <p>2. Record review of the Rhode Island Food Code 2022 Edition 4-601.11 reads in part, .nonfood contact surfaces of equipment shall be kept from an accumulation of dust, dirt, food residue and other debris .</p> <p>During a surveyor observation of the main kitchen on 6/18/2025 at 2:40 PM, an accumulation of grease was observed along the inner rim of the hood over the stove and the hood screens.</p> <p>During a surveyor interview on 6/18/2025 at 2:40 PM with the FSD, he was unable to provide evidence that the hood over the stove was on a schedule to be cleaned.</p> <p>3. Record review of the Rhode Island Food Code 2022 Edition 2-402.11 reads in part, .FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair .to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS .</p> <p>During surveyor observations of the dietary employees in the main kitchen on 6/16/2025 at 2:52 PM the following was revealed:</p> <ul style="list-style-type: none"> - Dietary employee, Staff E, was not wearing a beard covering while working in the main kitchen - Dietary employee, Staff F, was wearing a baseball cap, and her hair was pulled into a braided ponytail and the ponytail was not covered with a hair restraint. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During surveyor observations of the dietary employees in the main kitchen on 6/17/2025 at 11:45 AM the following was revealed:</p> <ul style="list-style-type: none"> - Dietary employee, Staff G, was wearing a baseball cap, and her hair was pulled into a ponytail and the ponytail was not covered with a hair restraint. - Dietary employee, Staff H was wearing a baseball cap and her hair hanging out the back and the hair was not covered with a hair restraint <p>During a surveyor interview on 6/18/2025 at 2:40 PM with the FSD, he was unable to provide evidence that the dietary employees were wearing hair restraints and beard coverings.</p> <p>4. Record review of the Rhode Island Food Code 4-502.13 reads in part, .single use articles may not be reused .</p> <p>During a surveyor observation on 6/16/2025 at 8:30 AM, breadcrumbs were stored in a single use container, with a cover that had a manufacturer's imprinted wording of Tony's Seafood.</p> <p>During a surveyor interview on 6/18/2025 at 2:40 PM with the FSD, he was unable to provide evidence that the food storage container was a single use container.</p> <p>5. Record review of the Rhode Island Food Code 2022 Food Code 4-101.11 reads in part, .Materials that are used .Durable .nonabsorbent .Resistant to pitting, chipping, crazing, scratching .</p> <p>During a surveyor observation on 6/18/2025 at 2:40 PM the following was revealed:</p> <ul style="list-style-type: none"> - a work table with a wooden butcher block top. - eleven red lip plates with scoring and scratches. <p>During a surveyor interview on 6/18/2025 at 2:40 PM with the FSD, he acknowledged the butcher block work surface was a porous surface and that the lip plates were observed with scratches and scoring.</p> <p>6. Record review of the manufacturer's label for a Vital Cuisine Mighty Shake states in part, .use within 14 days of thawing .</p> <p>During a surveyor observation on 6/17/2025 at 9:30 AM on the North Wing kitchenette, 25 Vital Cuisine Mighty Shakes were observed without a use by date to identify when the product was thawed.</p> <p>Further surveyor observation on 6/17/2025 at 9:35 AM of the South Wing kitchenette, 10 Vital Cuisine Mighty Shakes were observed without a use by date to identify when the product was thawed.</p> <p>During a surveyor interview on 6/18/2025 at 2:40 PM with the FSD, he acknowledged the Vital Cuisine Mighty Shakes mentioned above did not have use by dates to identify when the products were thawed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>7. Record of the Rhode Island Food Code 2022 Food Edition 4-703.11 reads in part, .after being cleaned, equipment food contact surfaces and utensils shall be sanitized in .hot waterr mechanical operations by being cycled through equipment .achieving a UTENSIL surface temperature of 71&deg;C (160&deg;F) as measured by an irreversible registering temperature indicator .</p> <p>During a surveyor observation on 6/17/2025 at 11:45 AM of the main kitchen, the surveyor asked for an irreversible thermometer (a type of temperature-measuring device that permanently changes in appearance or color once a specific temperature is reached or exceeded) to check the surface temperature of the equipment that was being cycled through the dish machine. The FSD acknowledged he did not have the irreversible thermometer on hand and needed to order one.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program to help prevent the transmission of communicable diseases and infection, relative to 1 of 2 residents with wound dressing changes observed, Resident ID #17, for 1 of 1 resident on droplet/contact precautions (an infection control measure that is used when a resident is known or expected to be infected to prevent the spread of germs that can be transmitted through respiratory droplets expelled when a person coughs, sneezes, or speaks), Resident ID #24, and for 1 of 2 residents on contact precautions (an infection control measure used in healthcare settings to prevent the spread of germs that can be transmitted by direct or indirect contact with a resident or their environment) for <i>Clostridioides difficile</i> (C. diff, a bacterium that can cause life-threatening diarrhea), Resident ID #53.</p> <p>Findings are as follows:</p> <p>1. Review of the facility's policy titled Infection Control Policy and Procedure for Clean Dressing Technique dated May 2019, states in part, .Wash your hands (hand sanitizer may be used at this point) apply clean gloves. Remove old dressing and discard .Remove gloves, wash hand (hand sanitizer may be used at this point) apply clean gloves .</p> <p>Record review revealed Resident ID #17 was admitted to the facility in November of 2023 with a diagnosis including, but not limited to, functional urinary incontinence.</p> <p>Review of a physician's order dated 5/16/2025 revealed to cleanse the coccyx wound with normal saline, apply Medihoney (medicated honey) and apply a clean dry dressing daily.</p> <p>During a surveyor observation of a wound dressing change on 6/18/2025 at 7:51 AM in the presence of Registered Nurse, Staff I, she put on a pair of gloves and removed the resident's soiled dressing. She proceeded to cleanse the wound using the same gloves. Staff I then removed her gloves, without washing her hands or using hand sanitizer she proceeded to put on a new pair of gloves and applied the Medihoney to the wound. Staff I removed her gloves, again did not wash her hands or use hand sanitizer, put on clean gloves, and applied a dry dressing to the wound.</p> <p>During a surveyor interview on 6/18/2025 at 11:34 AM with Staff I, she acknowledged the above-mentioned observation. Staff I indicated that she should have washed her hands or used hand sanitizer each time after removing the soiled gloves and before putting on a clean pair.</p> <p>2. Review of a facility's policy titled Isolation dated January 2020, states in part, .b. Droplet Precautions .use Droplet Precautions for a resident who is known or suspected to be infected with microorganisms transmitted by droplet .that can be generated by a resident sneezing, coughing, talking .c. Contact Precautions .use Contact Precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact, such as handling environmental surfaces or resident care items . residents colonized with these organisms may also require Contact Precautions .CDiff .Droplet Precautions Procedure .Wear a mask when working within 3 feet of the resident .Contact Precautions Procedure .Wear clean gloves when entering the room .Wear a gown when entering the resident's area if you anticipate that you will have substantial contact with the resident, resident items, or environmental surfaces .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2a. Record review revealed Resident ID #24 was admitted to the facility in July of 2023 with a diagnosis including, but not limited to, dementia.</p> <p>Review of a physician's order dated 6/18/2025 revealed to maintain enhanced droplet precautions until further notice.</p> <p>During a surveyor observation on 6/18/2025 at 12:11 PM revealed, the resident had signage posted on his/her door indicating that s/he was on enhanced droplet/contact precautions. Additionally, the signage indicated that staff should wear a N95 mask (a type of personal protective equipment used to filter out at least 95% of airborne particles) prior to entering the room.</p> <p>During a surveyor observation on 6/18/2025 at 12:15 PM, Certified Medication Technician, Staff J, was observed entering the resident's room without wearing a N95 mask as indicated on the signage at the resident's door.</p> <p>During a surveyor interview immediately following the above-mentioned observation with Staff J, she acknowledged that she did not wear a N95 mask prior to entering the resident's room.</p> <p>2b. Record review revealed Resident ID #53 was admitted to the facility in March of 2025 with a diagnosis including, but not limited to, C. diff.</p> <p>Review of a care plan dated 5/29/2025 revealed, the resident has C. diff and staff interventions include, but are not limited to, follow contact precautions and practice good infection control.</p> <p>During a surveyor observation on 6/16/2025 at 12:34 PM revealed, the resident had signage posted on his/her door indicating that s/he was on contact precautions. Additionally, the signage indicated that staff should wear a gown and gloves prior to entering the room.</p> <p>During a surveyor observation on 6/16/2025 at 12:56 PM, Dietary Aide, Staff K, was observed entering the resident's room without wearing a gown and gloves, as per the facility' policy.</p> <p>During a surveyor interview immediately following the above-mentioned observation with Staff K, she acknowledged that she did not wear a gown and gloves prior to entering the resident's room.</p> <p>During a surveyor observation on 6/20/2025 at 12:27 PM Nursing Assistant, Staff L, was observed entering the resident's room, assisting the resident in setting up his/her lunch tray, and touching various surfaces in the room without wearing a gown.</p> <p>During a surveyor interview immediately following the above-mentioned observation with Staff L, she acknowledged that she did not wear a gown prior to entering the resident's room.</p> <p>During a surveyor interview on 6/20/2025 at 10:38 AM with the Infection Control Preventionist, she indicated that she would expect the staff to wear a N95 mask prior to entering Resident ID #24's room who is on droplet precautions.</p> <p>During a surveyor interview on 6/20/2025 at 10:40 AM with the Director of Nursing Services, she was unable to provide evidence the infection control precautions were followed by the staff, as required.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to develop, implement, and maintain an effective training program for all newly hired employees and annual training for existing employees consistent with their expected roles, relative to education involving abuse, infection control, dementia behavioral health management, trauma informed care and QAPI (Quality Assurance and Performance Improvement) per the facility assessment, for 7 of 11 newly hired or existing employees, Staff M, N, O, P, Q, R, and S.</p> <p>Findings are as follows:</p> <p>Review of the Facility Assessment, last updated January 30, 2025, states in part, .the intent of the facility assessment is for the facility to evaluate it's resident population and identify resources needed to provide the necessary person-centered care and services the residents require .</p> <ol style="list-style-type: none"> Record review revealed Administration Office worker, Staff M, was hired on 6/1/2021. Review of her training records failed to reveal evidence that she received or completed education regarding the following; Abuse and Neglect, Corporate Compliance, Dementia/Behaviors, Fire Safety/Disaster/SDS, Health Insurance Portability and Accountability ACT of 1996 (protects and ensures the confidentiality of medical records [(HIPAA)], and Trauma Informed Care, for the year 2024. Record review revealed Certified Medication Technician (CMT), Staff N, was hired on 9/24/2023. Review of her training records failed to reveal evidence that she received or completed education regarding the following; Resident Rights or Abuse/Neglect, Infection Control, Bloodborne Pathogens, Quality Assurance and Performance Improvement (QAPI), Communication and Customer Service, Corporate Compliance, Resident Rights, Fire Safety/Disaster/Safety Data Sheets (SDS), and Trauma Informed Care, for the year 2024. Record review revealed Nursing Assistant (NA), Staff O, was hired March of 2024. Review of his training records failed to reveal evidence that he received or completed the above required mandatory education upon hire including; Resident Rights & Elder Justice ACT, Abuse/Neglect, QAPI, Corporate Compliance, Dementia Behaviors, HIPAA, and Trauma Informed Care, for the year 2024. Record review revealed NA, Staff P, was hired 6/25/2019. Review of the staff's training records failed to reveal evidence that they received or completed the above required mandatory education regarding the following; Corporate Compliance, Fire Safety/SDS/ Disaster, Dementia Behaviors, QAPI, and HIPAA, for the year 2024. Record review revealed NA, Staff Q, was hired on 1/3/2021. Review of her training records failed to reveal evidence that she received or completed education regarding Abuse/Neglect and Corporate Compliance, for the year 2024. Record review revealed Registered Nurse (RN), Staff R, was hired on 5/18/2022. Review of her training records failed to reveal evidence that she received or completed education regarding Fire Safety/Disaster/Safety Data Sheets (SDS), for the year 2024. <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. Record review revealed Occupational Therapist, Staff S, was hired on 4/3/2021. Review of her training records failed to reveal evidence that she received or completed education regarding HIPAA and Dementia/Behavior with Dementia, for the year 2024.</p> <p>During a surveyor interview on 6/20/2025 at 10:04 AM, with the Staff Developer, she was unable to provide evidence Staff M, N, O, P, Q, R, and S received all required mandatory training annually in 2024, as required.</p>		